

**1.) SEPTIC MANAGEMENT PROGRAM
APPLICATION FORM
COMMUNITY OF FOXBOROUGH**

Homeowner Information

Name: _____

Address: _____

Phone: (W) _____

Phone: (H) _____

General Information

	YES.	NO
1. Has your septic system been failed by a certified inspector?		
1a. Does your system need to be pumped more than four (4) times per year?		
2. Have you had a soil evaluation test and/or engineering plans for your system completed (or in process)?		
3. Have you received estimates for engineering work?		
Have you received general contractor (installation) work?		
4. Can your property lot lines be determined, so that the proposed septic system and soil adsorption system be located without infringing on your neighbor's property?		
5. Are you in an environmentally sensitive area? (Check plan)		
Name of area: _____ No. _____		
6. Can you be connected to our community's existing sewerage collection system?		
7. If known, please provide information of the type and costs of the repairs: Needs: a. New soil absorption system (SAS) b. Entire new system c. Repairs done to parts of system d. Want connection to our community's existing sewer system <div style="display: flex; justify-content: space-between;"> <div>1. Engineering soil evaluation and design</div> <div>\$ _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2. Estimated costs of repair, replacement, or connection</div> <div>\$ _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3. Contingency amount (20%)</div> <div>\$ _____</div> </div> <div style="text-align: right; margin-top: 5px;">Total Loan Estimate \$ _____</div>		

I, we will agree to sign a betterment/loan agreement with the Town of FOXBOROUGH, to pay for the required costs associated with the septic system repair, and am aware that these costs will be treated as a municipal lien on my property tax bill.

This loan is contingent on the Town determining that my property lies within an environmentally sensitive area that is deemed to be fundable by the town for that fiscal year.

Signature: _____ Date: _____
(Property Owner)

Board of Health Use Only:

Project Number _____

Environmental Area Number _____ Env. Area Priority No. _____

Date Accepted _____ Priority List No. _____